

Dear Parent or Guardian:

Congratulations!

You have taken the first step toward protecting your child....

Obtaining a copy of your child's fingerprints is a tool to protect your child if the unthinkable happens. This document will serve as a reference to help the police locate your child faster.

Fingerprint all your children, no matter what their age. Infants and toddlers should be re-fingerprinted until the age of three. Children older than three should only be re-fingerprinted if the prints fade, are damaged, or if your child has an accident that scars their fingers.



JARED HUFFMAN

Assemblymember, 6th District



ASSEMBLYMEMBER
JARED HUFFMAN

DISTRICT OFFICES:

3501 Civic Center Drive, Room 412
San Rafael, CA 94903
(415) 479-4920 • Fax: (415) 479-2123

50 "D" Street, Suite 305
Santa Rosa, CA 95404
(707) 576-2631 • Fax: (707) 576-2735

CAPITOL OFFICE:

State Capitol, P.O. Box 942849
Sacramento, CA 94249-0006
(916) 319-2006 • Fax: (916) 319-2106

E-MAIL:

Assemblymember.Huffman@assembly.ca.gov

WEB SITE:

www.assembly.ca.gov/huffman

ASSEMBLY WEB SITE:

www.assembly.ca.gov



**The first step
toward protecting your
child.**

**Helping
to protect
your children.**

Compliments of Assemblymember

JARED HUFFMAN

How Do I Fill Out This Card?

(Refer to Illustration Below)

1. Complete the front by filling in the following:

- ☐ Date of birth
- ☐ The date of fingerprints
- ☐ The child's or parent/guardian's signature
- ☐ Last name
- ☐ Sex
- ☐ Race
- ☐ Height
- ☐ Weight
- ☐ Hair color
- ☐ Eye color
- ☐ Nickname
- ☐ Password

(This is a word only known by the parent/guardian and child. Your child can use this word to confirm whether an unfamiliar person is allowed to take them home.)

2. Complete the back by filling in the following:

Distinguishing physical features: for example, birthmarks, moles, scars, previously broken bones and prosthetics.

Under the heading "Front," list the distinguishing physical features on the front of your child's body. Do the same for the heading "Back."

Write the corresponding number next to that physical feature and mark it on the blank body.

Body Measurements: height and weight and the date of the measurement. As your child grows, you should re-measure your child and record those changes on the remaining lines.

Eye Color, Hair Color, and Blood Type:

Your child's blood type can be obtained from your doctor.

Your child's doctor(s).

Lastly, tape your child's photo in the designated box. If your child is younger than three years of age, update the photo every three to six months. Photos of children older than three should be updated yearly.

Safety Tips To Protect Your Child:

1. Do NOT let your child go to a public restroom alone.
2. Do NOT leave your child alone in a car.
3. Do NOT leave your child in the toy section of a store or wandering in a mall.
4. Do NOT put your child's name, first or last, on hats, caps, jackets, bikes, wagons, etc., since children respond to their names.
5. Know where your child is at all times.
6. Know your child's friends.
7. Check with your school principal to find out if you will be notified if your child does not report to school.
8. Be involved in your child's activities.
9. Practice with your child ways he/she may walk to and from a friend's home and school.
10. Listen when your child tells you that he/she doesn't want to be with someone. Find out the reason.
11. Notice if someone pays undue attention to your child.
12. Never belittle any fear or concern your child has — imaginary or real.
13. Teach your child to whistle a tune. If you and your child get separated, use the whistle to find each other.

FBI CHILD IDENTIFICATION		Date of Birth		Sex		Race		Height		Weight	
Parent/Guardian Signature		Child Signature		Date		Time		Location		Notes	
IF YOUR CHILD SHOULD EVER DISAPPEAR, TAKE THIS FINGERPRINT CARD TO YOUR LOCAL POLICE DEPARTMENT AND REQUEST THAT THE CLASSIFICATION BE ENTERED INTO THE FBI'S NATIONAL CRIME INFORMATION CENTER.		Class		Mole/Scar/Prosthetic		Fingerprints		Fingerprints		Fingerprints	
1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little	6. Left Thumb	7. Left Index	8. Left Middle	9. Left Ring	10. Left Little	Place a Recent Photo Here (and Update Yearly)	
Left Four Fingers Taken Simultaneously		Left Thumb		Right Thumb		Right Four Fingers Taken Simultaneously					

Physical Description and Medical Information	
FRONT	BACK
Please use the two figures below and the numbered spaces to the right to record the location and any type of distinguishing birthmarks, moles, scars, previously broken bones or prosthetics.	
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
Date: _____	Height: _____
Weight: _____	
Eye Color: _____	Hair Color: _____
Blood Type: _____	
My Child's Medical Records Are On File With:	
Dr. _____	
Address: _____	
City: _____	
State: _____ Zip: _____	
Telephone: () _____	
My Child's Dental Records Are On File With:	
Dr. _____	
Address: _____	
City: _____	
State: _____ Zip: _____	
Telephone: () _____	
This card was developed by the FBI for your child's protection. It will assist local, state and federal law enforcement officials to identify your child in a crisis situation. This card is provided in cooperation with your local law enforcement agencies.	